JUN 1 6 2008 PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE er the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/602,562-Conf. #8041 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** June 24, 2003 FEE TRANSMIT Filing Date Michael N. ALEKSHUN First Named Inventor **For FY 2008 Examiner Name** K. C. Srivastava 1657 Applicant claims small entity status. See 37 CFR 1.27 Art Unit PAZ-190RCE TOTAL AMOUNT OF PAYMENT 3040.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Lahive & Cockfield, LLP X Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) <u>Fee (\$)</u> 155 210 105 Utility 310 510 255 130 65 Design 210 105 100 50 310 155 105 160 80 Plant 210 510 Reissue 310 155 255 620 310 210 105 0 0 0 0 **Provisional Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 210 105 Each independent claim over 3 (including Reissues) 185 Multiple dependent claims 370 **Total Claims Extra Claims** Fee (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$)

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SUBMITTED BY					
Signature /// / / /	Registration No. (Attorney/Agent) 43,27	O Telephone	(617) 994-0761		
Name (Print/Type) Megan E/Wiftiams		Date	June 16, 2008		

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Other (e.g., late filing surcharge):

4. OTHER FEE(S)

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Non-English Specification, \$130 fee (no small entity discount)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number 10		0/602,562-Conf. #8041					
FEE TRANSMITTAL			Filing Date			3			
		First Named Inv			KSHUN				
For FY 2008			Examiner Name		K. C. Srivastava				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1657						
TOTAL AMOUNT OF PAYMENT (\$) 3040.00			Attorney Docket No. PAZ-190RCE						
METHOD OF F	PAYMENT (check a	II that apply)	, .	.					
Check	Credit Card	Money Order No	ne. Other (please identify):					
x Deposit Acco	x Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP								
For the at	oove-identified depos	sit account, the Director is	s hereby authorize	ed to: (check	all that apply)				
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2. EXCESS CLAI Fee Description	MIFEES		• •			Fee (\$)	Small Entity Fee (\$)		
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50									
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Signature	11/4-9	6	Registration No. (Attorney/Agent)	43,270	Telephone	(617) 99	4-0761		
Name (Print/Type)	Megan E/Williams	S			Date	June 16	, 2008		
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Express Mail Label No. EM066426876US Dated: June 16, 2008